



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division  
 One Ashburton Place, 17th floor  
 Boston, MA 02108-1512  
 Telephone: (617) 727-9640

**Certificate of Organization**

(General Laws, Chapter )

**Federal Employer Identification Number:** 470960903 (must be 9 digits)

**1. The exact name of the limited liability company is:** 35 PEARL STREET LLC

**2a. Location of its principal office:**

No. and Street: 725 QUAKER HIGHWAY  
 City or Town: UXBRIDGE State: MA Zip: 01569 Country: USA

**2b. Street address of the office in the Commonwealth at which the records will be maintained:**

No. and Street: 725 QUAKER HIGHWAY  
 City or Town: UXBRIDGE State: MA Zip: 01569 Country: USA

**3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:**

THE GENERAL CHARACTER OF THE BUSINESS OF THE COMPANY SHALL INITIALLY BE TO ENGAGE IN THE PURCHASING, SELLING AND LEASING OF REAL ESTATE, THE DEVELOPMENT OF REAL ESTATE. THE COMPANY MAY BUY, SELL, LEASE, MANAGE, AND DEVELOP REAL ESTATE, IMPROVED AND UNIMPROVED, AND CONSTRUCT AND DESTROY BUILDINGS AND STRUCTURES ON REAL ESTATES, AND OWN, OPERATE AND DEVELOP ANY AND ALL USES ON REAL ESTATE. FURTHERMORE, THE COMPANY MAY ENGAGE IN ANY OTHER ACTIVITY IN WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS MAY LAWFULLY ENGAGE.

**4. The latest date of dissolution, if specified:**

**5. Name and address of the Resident Agent:**

Name: MATTHEW KENNEDY  
 No. and Street: 81 EBER TAFT RD  
 City or Town: UXBRIDGE State: MA Zip: 01569 Country: USA

**I, MATTHEW KENNEDY resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.**

**6. The name and business address of each manager, if any:**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	WALTER G MAHLA	23 RHODES DR. WRENTHAM, MA 02093 USA
MANAGER	MATTHEW KENNEDY	81 EBER TAFT UXBRIDGE, MA 01569 USA

**7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code

**8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	MATTHEW KENNEDY	81 EBER TAFT RD UXBRIDGE, MA 01569 USA
REAL PROPERTY	WALTER G MAHLA	23 RHODES DR WRENTHAM, MA 02093 USA

**9. Additional matters:**

**SIGNED UNDER THE PENALTIES OF PERJURY, this 29 Day of May, 2014,**  
**MATTHEW KENNEDY**

*(The certificate must be signed by the person forming the LLC.)*

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

May 29, 2014 07:49 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*